



NEW CLIENT / CONSULTATION FORM

Consultation Date:	
Meeting with:	
Referral:	
Nature of Meeting:	
CONTACT INFORMATION	
Full Name:	
Surname at Birth:	
Date and Place of Birth:	
Home Address:	
Home Phone Number:	
Cell Phone Number:	
Business Address:	
Business Phone Number:	
Email Address * :	
<i>*The email address provided will be used by the firm for communication purposes*</i>	
Preferred Address for Mailings (when applicable):	<input type="checkbox"/> Home <input type="checkbox"/> Business
Occupation(s):	
IF APPLICABLE:	
Date and Place of Marriage or Co-habitation:	
Date of Separation:	
Involved Companies:	
SPOUSE/OTHER PARTY	
Full Name:	
Surname at Birth:	
Date and Place of Birth:	
Occupation:	
Counsel:	

PAYMENT OF CONSULTATION (select one option)

Payment by Credit Card

I authorize Grant Crawford LLP to draw upon my credit card the fees associated with my first meeting/consultation ONLY.

Credit Card Number:	
Credit Card Expiry Date:	
Credit Card Security Code:	
Name on Card:	
Signature:	

Payment by Cheque (payable to “Grant Crawford LLP”)

Payment by Cash (exact amount – no change available)

OFFICE USE ONLY

Select one: <input type="checkbox"/>	Driver’s License
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Passport
<input type="checkbox"/>	Other (specify type)
Date of ID Verification:	
Identity Verified by:	
<i>Date of File Opening:</i>	
<i>Client/Matter Number:</i>	
<i>Introducing Lawyer:</i>	
<i>Responsible Lawyer:</i>	
<i>Date of Conflict Check:</i>	
<i>Conflict Check Completed By:</i>	